

**UNITED STATES DISTRICT COURT**

**DISTRICT OF ARIZONA**

**MDL15-2641 PHX DGC**

**JUROR QUESTIONNAIRE**

Full Name: (Please print)

\_\_\_\_\_  
(Last) (First) (Middle Initial)

City or County of Residence: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

\* \* \* \* \*

I declare under penalty of perjury that the answers set forth in this Juror Questionnaire are true and correct to the best of my knowledge and belief. I have not discussed my answers with others, or received assistance in completing the questionnaire.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
(Signature)

**UNITED STATES DISTRICT COURT**

**DISTRICT OF ARIZONA**

**MDL15-2641 PHX DGC**

**JUROR QUESTIONNAIRE**

**TO THE PROSPECTIVE JUROR:**

Only the Court and the attorneys will use the information that you give in response to this questionnaire. Your responses will be kept confidential and all parties will be under orders to maintain the confidentiality of any information they learn in the course of reviewing this questionnaire.

Please answer each question below as completely and as accurately as you reasonably can. **PLEASE COMPLETE YOUR ANSWERS IN PEN and print all answers legibly.** If there is not enough space for you to complete an answer, please write the number of the question and the rest of your answer in the blanks provided on the last page. Please *do not* write on the back of any page.

If there is a question that you do not want to answer because of privacy concerns, then write the word “privacy” in the blank by that question. You may need to visit with the judge and the attorneys out of the presence of the other potential jurors concerning that question.

If you simply cannot understand a question, then write “do not understand” in the blank by that question.

You are expected to sign your questionnaire, and your answers will have the effect of a statement given to the Court under oath. Please make your very best and honest effort to answer the questions this questionnaire. Do not consult with any other person in answering the questions. After completion of the questions, do not discuss this case with anyone. You are a potential juror,

and it is important that you not be influenced by information or opinions received outside of court. Return the completed questionnaire to the Court. Brief but clear answers will allow us to review your background before you report to the courtroom and should help speed the selection process.

The sole purpose of this questionnaire is to aid the Court and the parties in selecting a fair and impartial jury to try this case. Your full cooperation is of vital importance. Thank you for your assistance.

After you have completed and signed the questionnaire, please mail it in the stamped, self-addressed envelope to: Jury Office, Sandra Day O'Connor United States Courthouse, 401 West Washington Street, SPC 2, Phoenix, Arizona 85003. **Please mail your questionnaire so that it is received by the Court no later than ~~April 13~~August 17, 2018. In addition, you must call the automated phone system on ~~May 8~~September 11, 2018 after 5:00 p.m. for further reporting instructions and juror status.**

Thank you for your full cooperation.

**Plaintiffs' Submission:**  
**BRIEF STATEMENT OF THE CASE**

This is a personal injury case against a medical product manufacturer.

The plaintiff, ~~Doris Jones~~Lisa Hyde, is a ~~54~~43 year old woman who had a Bard ~~Eclipse-G2X~~ filter placed in her inferior vena cava (IVC), the vein that carries blood back to the heart. An IVC filter is intended to catch blood clots before they reach the heart or lungs. Defendants C.R. Bard, Inc. and Bard Peripheral Vascular designed, manufactured and sold the ~~Eclipse-G2X~~ filter.

Mrs. ~~Jones-Hyde~~ alleges that the filter was defectively designed ~~and manufactured~~ and that Defendants failed to warn about its risks. She alleges that she was injured by the filter, and she seeks to recover money damages from Defendants to compensate for her injuries and to punish Defendants for their allegedly wrongful conduct.

Defendants deny that their filter was defectively designed ~~or manufactured~~ or that they failed to warn of its risks. Defendants contend that risks associated with IVC filters are understood by the medical community and are considered by doctors when deciding whether to use them.

Defendants assert that they are not responsible for any injuries or damages suffered by ~~Doris Jones~~Lisa Hyde.

### **Defendants' Submission**

#### **BRIEF STATEMENT OF THE CASE**

This is a personal injury case against a medical product manufacturer.

The plaintiff, ~~Doris Jones~~Lisa Hyde, is a ~~54~~3 year old woman who had a Bard ~~Eclipse~~ filter placed in her inferior vena cava (IVC), the vein that carries blood back to the heart. An IVC filter is intended to catch blood clots before they reach the heart or lungs. Defendants C. R. Bard, Inc. and Bard Peripheral Vascular designed, manufactured and sold the ~~Eclipse-Bard~~ filter.

~~Mrs. Jones~~Mrs. Hyde alleges that the Bard filter was defectively designed ~~and manufactured~~ and that Defendants failed to warn about its risks. She alleges that she was injured by the filter, and she seeks to recover money damages from Defendants to compensate for her injuries and to punish Defendants for their allegedly wrongful conduct.

Defendants deny that their filter was defectively designed ~~or manufactured~~ or that they failed to warn of its risks. Defendants contend that risks associated with IVC filters are understood by the medical community and are considered by doctors when deciding whether to use them. Defendants assert that they are not responsible for any injuries or damages suffered by ~~Doris Jones~~Lisa Hyde.

#### **LENGTH AND SCHEDULE OF TRIAL**

The trial is expected to last **three weeks**, and will begin on ~~May 15~~September 18, 2018. During trial, the jury generally will be in court Tuesday through Friday, from 9:00 a.m. to 5:00 p.m. There will be breaks during the day, including a one-hour lunch break.

#### **IMPORTANT INSTRUCTIONS**

**Now that you have been identified as a possible juror in this case, it is very important that you preserve your ability to be fair and impartial and to decide this case solely on the**

evidence you hear at trial. The Court therefore instructs you to follow these directions between now and the time of trial on ~~May 15~~September 18, 2018: Do not read any newspaper or magazine articles, listen to any television or radio broadcasts, or view or listen to any other information related in any way to this case. Do not conduct any research or investigation concerning this case such as searching the Internet, reviewing reference materials, or consulting books or articles. Do not communicate with anyone about this case, including friends and family members, coworkers or neighbors, or anyone else. This includes discussing the case in person, in writing, by phone or electronic means, via email, text messaging, or any Internet chat room, blog, website or other feature. If you are exposed to any information about this case or anything to do with it, please turn away immediately.

The law requires these restrictions to ensure that the parties have a fair trial based on the same evidence each party had an opportunity to address. The judge will ask you on ~~May 15~~September 18, 2018, whether you followed this direction. Please follow it carefully.

## QUESTIONNAIRE

Jury service is essential to the administration of justice. Accordingly, inconvenience will not be sufficient to excuse a prospective juror. To be excused, a juror must show an unacceptable amount of personal hardship. In light of these conditions, would service as a juror in this case create unacceptable personal, financial, or professional hardship for you?

1. ☐ YES ☐ NO

If yes, please explain in specific detail:

This image shows a blank sheet of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's part of a bound notebook or folder.

**WHETHER OR NOT YOU ARE CLAIMING HARDSHIP, YOU MUST  
COMPLETE THE REST OF THE QUESTIONNAIRE.**

2. Is there anything in the brief statement of the case that you believe would prevent you from being fair and impartial? ☐ YES ☐ NO

If yes, please explain:

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2.3. Do you have any limitations in your ability to read or understand oral or written testimony in English? ☐ YES ☐ NO

If yes, please explain:

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3.4. Please check one: ☐ MALE ☐ FEMALE

4.5. Place of birth: \_\_\_\_\_

5.6. What is your racial/ethnic background?

☐ White/Caucasian

☐ Black/African-American

☐ Hispanic/Latino

☐ American Indian or Native American

☐ Asian or South Asian

☐ Other (please specify)

6.7. What is your current age? \_\_\_\_\_

7.8. In what city and county do you currently live? \_\_\_\_\_

8.9. Length of time at current address: \_\_\_\_\_

a) If you have lived less than five years at your current address, indicate other places you have lived. \_\_\_\_\_

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9.10. Your current marital status:

☐ Married, \_\_\_\_ years

☐ Partnered, \_\_\_\_ years

☐ Never married

☐ Separated, \_\_\_\_ years

☐ Divorced, \_\_\_\_ years

☐ Widowed, \_\_\_\_ years

10.11. Your highest level of education completed:

☐ Less than high school

☐ High school graduate

- ☐ Some college: (Major: \_\_\_\_\_)
- ☐ Technical or vocational school: (Type: \_\_\_\_\_)
- ☐ College graduate: (Major: \_\_\_\_\_)
- ☐ Post graduate degree: (Major: \_\_\_\_\_)

~~11.12.~~ Educational background of your spouse or significant other, including any degrees or certificates earned:

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~~12.13.~~ Your current employment status (check all that apply):

- |                                                 |                                                       |
|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Employed full-time     | <input type="checkbox"/> Employed part-time           |
| <input type="checkbox"/> Business owner         | <input type="checkbox"/> Homemaker                    |
| <input type="checkbox"/> Self-employed          | <input type="checkbox"/> Unemployed                   |
| <input type="checkbox"/> Retired in ____ (year) | <input type="checkbox"/> Full-time student            |
| <input type="checkbox"/> Disabled, do not work  | <input type="checkbox"/> Work more than one job       |
| <input type="checkbox"/> Laid off               | <input type="checkbox"/> Do not work outside the home |

~~13.14.~~ Please answer for your current job or, if ~~unemployed~~ not currently employed, for your last job:

a) Employer:

b) How long:

c) Position and job duties:

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~~14.15.~~ Do you currently supervise others at work or have you in prior jobs?

- ☐ YES (How many? \_\_\_\_\_)
- ☐ NO

If yes, please describe:

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~~15.16.~~ Please list your previous employers and jobs for the past 10 years:

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~~16.17.~~ Have you ever owned and/or managed your own business? ☐ YES ☐ NO

~~17.18.~~ Spouse or significant other's name, occupation, job title and employer (If he/she is unemployed or retired, please list last job.):



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~~18.19.~~ List any hobbies and special interests that you have:

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~~19.20.~~ Do you do any volunteer work (professional, community, social clubs or organizations)?

☐ YES ☐ NO

If yes, please describe

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~~20.21.~~ Do you serve in any leadership role at work or in any professional or community groups or organizations? ☐ YES ☐ NO

If yes, please describe:

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~~21.22.~~ List the ages of your children, step-children, and grandchildren:

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~~22.23.~~ If employed, list your children's, step-children's, parents, and grandchildren's occupations and employers:

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~~23.24.~~ Regarding your residence, check all that apply.

☐ House, townhome

☐ Condominium

☐ Apartment

☐ Rent

☐ Own

☐ Live with others and do not pay rent

| ~~24.25.~~ Prior military service? ☐ YES ☐ NO -If so, please specify branch, rank, date, years served, and type of discharge: \_\_\_\_\_

~~25.26.~~ Are you or anyone in your family in any of the professions below either now or in the past? Circle all that apply.

Accounting

Engineering

Business

Chemistry

Finance

Insurance

Law/Legal

Psychology

Government

Social Services

Medical

R&D

FDA

Advertising

If yes, please state the relationship and the type of ~~legal~~ profession: \_\_\_\_\_

~~26-27.~~ What are your main source(s) of news?

☐ Television (Which news channel(s)?)

☐ Radio (Which news station(s)? )

☐ Newspaper (Which newspaper(s)?)

☐ Magazine (Which magazine(s)?)

☐ Internet

☐ Family/Friends

☐ I don't follow the news

~~27-28.~~ Do you or your spouse or partner have bumper stickers on your car? ☐ YES ☐ NO

If yes, what do they say? \_\_\_\_\_

~~28-29.~~ Do you regularly use social networking sites on the internet (e.g., Facebook, Twitter, etc.)?

☐ YES ☐ NO

~~29-30.~~ Do you currently serve as a caretaker for someone who is ill or disabled?

☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

~~30-31.~~ What political party do you most closely identify with:

☐ Republicans

☐ Democrat

☐ Libertarian

☐ Independent

☐ Tea party

☐ Other: \_\_\_\_\_

☐ No party

~~31-32.~~ Do you consider yourself:

☐ Conservative

☐ Liberal

☐ Moderate

☐ None of the above

~~32.~~33. Please list 3 people you admire the most:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

~~33.~~34. Please list 3 people you admire the least:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

~~34.~~35. Have you ever served on a jury before? ☐ YES ☐ NO

- a. How many times? \_\_\_\_\_
- b. Where did you serve?  
\_\_\_\_\_
- c. What types of case(s)?  
\_\_\_\_\_
- d. Were you ever the jury foreperson?  
\_\_\_\_\_
- e. Was your jury service a positive or negative experience?  
\_\_\_\_\_

~~35.~~36. Have you, your relatives or anyone close to you ever:

Yourself	Someone Close	
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- |                          |                          |                                                                                             |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Sued someone else                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Been sued by someone else                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Been involved in a lawsuit of any kind either as a plaintiff, or defendant, or a witness |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Suffered from any type of permanent injury, disease or disability                        |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Been unable to work due to a permanent injury, disease or disability                     |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Been involved in an accident that resulted in loss or injury                             |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Ever filed a legal claim or complaint of any sort against an individual or entity        |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Made a personal injury claim or filed for worker's compensation                          |

If you answered yes to any of the above, please explain: \_\_\_\_\_

36.37. For the following, please indicate how you feel about them. Use a scale from 1 to 7, where 1 is “feel extremely negative” and 7 is “feel extremely positive” and you may use any number in between as well.

Personal injury lawyers

Extremely Negative	1	2	3	4	5	6	7	Extremely Positive
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Medical Device Manufacturers

Extremely Negative	1	2	3	4	5	6	7	Extremely Positive
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Corporations

Extremely Negative	1	2	3	4	5	6	7	Extremely Positive
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37.38. This case involves a medical device. Medical devices in this country are regulated by the Food & Drug Administration (FDA). Do you have any knowledge about the FDA, its rules and procedures, or its governance of medical devices? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

38.39. This case likely will involve evidence of FDA clearance of medical products. Do you have strong views, favorable or unfavorable, about the FDA or its oversight of medical products? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

40. Do you have any understanding of what FDA clearance of a medical device means?  
☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

~~39.~~41. This case involves IVC filters that are implanted into a patient's vein to prevent blood clots from reaching the lungs or heart. Is there anything about this subject matter that causes you to believe that you could not consider the evidence fairly, impartially, and according to the jury's instructions? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~40.~~42. Have you read or heard anything about lawsuits involving any medical devices, including IVC filters? ☐ YES ☐ NO

If yes, please explain what you have read or heard: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~41.~~43. Have you read or heard anything (in the media, from family or friends) about C. R. Bard or Bard Peripheral Vascular, medical device manufacturers? ☐ YES ☐ NO

If yes, please explain what you have read or heard and please identify any media report you can recall: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~42.~~44. Have you read or heard anything (in the media, from family or friends) about IVC filters? ☐ YES ☐ NO

If yes, please explain what you have heard or read: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~43.~~45. If you have heard or read something about lawsuits involving any medical devices, including IVC filters, would that make it difficult for you to serve as a fair and impartial juror in this case? ☐ YES ☐ NO If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~44.~~46. Is there any anything else that you think might affect your ability to be fair and impartial to both sides of a product defect case against a medical device manufacturer? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~45.47.~~ Have you, your relatives or anyone close to you ever worked for C. R. Bard or Bard Peripheral Vascular? ☐ YES ☐ NO

If yes, please describe who, the job title and dates of employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~46.48.~~ Have you, your relatives or anyone close to you ever worked for a company that manufactured or sold IVC filters? ☐ YES ☐ NO

If yes, please describe who, the name of the company, the job title and dates of employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~47.49.~~ Have you, your relatives or anyone close to you ever worked for a medical device company? ☐ YES ☐ NO

If yes, please identify the person(s), the work performed and the dates of employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~48.50.~~ Have you, your relatives or anyone close to you ever worked for a health care facility (*e.g.*, hospital, physician's office, critical care center or medical clinic)? ☐ YES ☐ NO

If yes, please identify the person(s), the work performed and the dates of employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~49.51.~~ Do you have any strong feelings positive or negative about people that file lawsuits? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~50.~~52. For the following please indicate how you feel about them. Use a scale from 1 to 7, where 1 is “disagree strongly” and 7 is “agree strongly” and you may use any number in between as well.

If I suffered harm as a result of a defective medical device. I would not sue for damages.

Disagree Strongly    1    2    3    4    5    6    7    Agree Strongly

I would not sue if the negligence of another caused severe injury to a family member or me.

Disagree Strongly    1    2    3    4    5    6    7    Agree Strongly

~~51.~~53. Have you, your relatives or anyone close to you ever been diagnosed with any of the following? Check all that apply:-

☐ Blood Clots

☐ Pulmonary Embolism (PE)

☐ Deep Venous Thrombosis (DVT)

If you have checked any of the above, please identify the person(s), and describe the complication and outcome: \_\_\_\_\_

\_\_\_\_\_

~~52.~~54. Have you, your relatives or anyone close to you ever been prescribed or taken anti-coagulation medication (“blood thinners”), such as Coumadin, Warfarin, Xarelto or Lovenox? ☐ YES ☐ NO

If yes, please identify the person(s), the name of the medication(s) and outcome: \_\_\_\_\_

\_\_\_\_\_

~~53.~~55. Have you, your relatives or anyone you personally know ever had an IVC filter or medical device implanted? ☐ YES ☐ NO

If yes please identify:

The person(s) \_\_\_\_\_

Type of medical device: \_\_\_\_\_

Manufacturer of medical device: \_\_\_\_\_

Any complications experienced with device: \_\_\_\_\_

~~54.~~56. Do you know anyone who had a negative experience or suffered injuries from an IVC filter?

☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~55.57.~~ Do you know anyone who had a negative experience or suffered injuries from any other medical device or prescription drug? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~56.58.~~ If you, or a family member or someone close to you, had a negative experience with any type of medical device or prescription drug, would that experience make it difficult for you to serve as a fair and impartial juror in this case? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

~~57.59.~~ Do you or someone in your immediate family have experience in the following?

(Check all that apply):

- |                                                                             |                                                                  |
|-----------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Drug or medical device company                     | <input type="checkbox"/> Product design or testing               |
| <input type="checkbox"/> Medicine/medical field                             | <input type="checkbox"/> Quality Assurance/Quality Control       |
| <input type="checkbox"/> State/federal regulatory agencies, <i>e.g.</i> FDA | <input type="checkbox"/> Health Hazard Evaluations (HHE)         |
| <input type="checkbox"/> Law/legal system                                   | <input type="checkbox"/> Root Cause Analysis                     |
| <input type="checkbox"/> Insurance industry                                 | <input type="checkbox"/> 510k <u>clearance process</u>           |
| <input type="checkbox"/> Education/teaching                                 | <input type="checkbox"/> <u>Premarket Approval (PMA) process</u> |
| <input type="checkbox"/> Sales or marketing                                 | <input type="checkbox"/> MAUDE                                   |
| <input type="checkbox"/> Engineering                                        | <input type="checkbox"/> Medical Device Reports (MDR)            |

If you have checked any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



~~58-60.~~ From what you have heard or read, do you think in recent years, the number of injury lawsuits filed has generally been:

- ☐ Too high
- ☐ About right
- ☐ Too low
- ☐ No opinion

~~59-61.~~ From what you have heard or read, do you think money damages from recent lawsuits have generally been:

- ☐ Too high
- ☐ About right
- ☐ Too low
- ☐ No opinion

~~60-62.~~ Do you support legislative reforms to place caps or limits on the amount of money juries can award? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

~~61-63.~~ If you are chosen to be a juror, and while jury selection is in process, you are not permitted to read or listen to any media or Internet coverage of this case and related subjects while the case is pending. Will you be able to follow these restrictions in light of the fact that this trial will last up to three weeks? ☐ YES ☐ NO

If no, please explain: \_\_\_\_\_

~~62-64.~~ If you are chosen to be a juror, and while jury selection is in process, the Court will instruct you that you will not be able to blog, tweet, post on Facebook or other social networks, talk about, or otherwise communicate anything about this case while the case is pending. Is there any reason why you cannot follow this instruction? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

~~63-65.~~ Do you have any ethical, religious, moral, political, philosophical or other beliefs that would prevent you from applying the law to the evidence of the case?  
☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

**64.66.** Do you know of any reason you could not be a fair, impartial, unbiased juror in this lawsuit?

☐ YES    ☐ NO

If yes, please explain: \_\_\_\_\_

~~65.67.~~ Is there anything else that you would like the Court or the attorneys to know?

☐ YES    ☐ NO

If yes, please explain: \_\_\_\_\_

**SPACE FOR ADDITIONAL RESPONSES. Please include the number of the question for which you are supplying additional information.**

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